

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**
(FOR USE WITH FORM PTO-875)

SERIAL NO.

10/529800

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1 st AMENDMENT		AFTER 2 nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1					
2		1				
3		1				
4		1				
5		1				
6		1				
7		1				
8		1				
9		1				
10		1				
11		1				
12		1				
13		1				
14		1				
15		1				
16		1				
17		1				
18		1				
19	1					
20		1				
21		2				
22		1				
23		1				
24		1				
25		1				
26			1			
27				1		
28				1		
29				1		
30				1		
31				1		
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42				1		
43				1		
44				1		
45				1		
46				1		
47				1		
48			1			
49				1		
50				1		
TOTAL IND.	2	↓		↓		↓
TOTAL DEP.	27	←		←		←
TOTAL CLAIMS	29					

	AS FILED		AFTER 1 st AMENDMENT		AFTER 2 nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
51						
52				1		
53				1		
54				1		
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99						
100						
TOTAL IND.		↓	2	↓		↓
TOTAL DEP.		←	27	←		←
TOTAL CLAIMS			29			